



MIAMI-DADE POLICE DEPARTMENT

ANIMAL SERVICES UNIT

VOLUNTEER AGREEMENT AND RELEASE

I, _____, agree to release, discharge, indemnify and hold the Miami-Dade Police Department, Animal Services Unit, harmless for any and all damage to my personal property while performing my volunteer services at the Animal Services Unit or at any off-site event in a volunteer capacity.

I recognize that in handling animals for the Animal Services Unit while performing my volunteer services, there exists a risk of injury, including personal physical harm. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless the Animal Services Unit, its agents, servants, and employees from any and all claims, causes of action or demands, of any nature or cause connected with my Volunteer Agreement. This might include costs and attorneys' fees and court costs incurred by the Animal Services Unit in connection with my volunteer services based on damages or injuries which might be incurred or sustained but are not limited to animal bites, accidents, injuries and personal property damage.

I understand that public relations are an important part of volunteering at the Animal Services Unit and at the off-site events. I, therefore, agree on behalf of myself, my heirs, personal representatives, and executors to allow the Animal Services Unit to use any photographs taken of me for use in public relations efforts. The Animal Services Unit will use reasonable efforts to notify me, but such notification is not a condition of photographs being released for public relations purposes.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF THE FOREGOING VOLUNTEER AGREEMENT AND RELEASE AND THAT I WILL COMPLY WITH SAME.

Volunteer Signature

ASU Representative

Date

PARENT OR LEGAL GUARDIAN (if under 18 years of age)

As a parent or guardian of the above-mentioned volunteer, I hereby give my consent to allow my child/ward to volunteer services for the Animal Services Unit as described within this Volunteer Agreement and Release.

I have read this Agreement and Release and fully understand its terms and conditions. On behalf of my child/ward, and myself I agree to all terms and conditions as set out in the Volunteer Agreement and Release.

Volunteer Signature

ASU Representative

Date